

SERFF Tracking Number: DRWN-125939629 State: Arkansas
 Filing Company: Allied World National Assurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AWNAC-08-GL-01
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0020 Commercial Umbrella & Excess
 Product Name: Revision of AWNAC Declarations Due to New President
 Project Name/Number: /

Filing at a Glance

Company: Allied World National Assurance Company

Product Name: Revision of AWNAC SERFF Tr Num: DRWN-125939629 State: Arkansas

Declarations Due to New President

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0020 Commercial Umbrella & Excess

Co Tr Num: AWNAC-08-GL-01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Joseph Russo

Disposition Date: 01/07/2009

Date Submitted: 12/16/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/07/2009

State Status Changed: 01/07/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Allied World National Assurance Company (the "Company") currently has on file with your Department its Following Form Excess Liability Insurance Policy. Due to the recent change of its President, the Company is filing revised Declarations for the referenced Policy. Please note that apart from the revised signature, the Declarations remain unchanged.

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Company and Contact

Filing Contact Information

Joe Russo, Compliance Analyst joseph.russo@awac.com
 199 Water Street, 24th Floor (646) 794-0572 [Phone]
 New York, NY 10038 (646) 794-0610[FAX]

Filing Company Information

Allied World National Assurance Company	CoCode: 10690	State of Domicile: New Hampshire
225 Franklin Street	Group Code: 3239	Company Type:
Boston, MA 02110	Group Name:	State ID Number:
(212) 635-5300 ext. [Phone]	FEIN Number: 02-0493244	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form x one form = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allied World National Assurance Company	\$50.00	12/16/2008	24557371

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/07/2009	01/07/2009

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Disposition

Disposition Date: 01/07/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form	Following Form Excess Liability Insurance Policy Declarations	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Following Form Excess Liability Insurance Policy Declarations	GL 00140 00	08/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL 00140 00 (08/08) Previous Filing #: AWNAC-06-003-F		GL 00140 00 - _08-08_ AWNAC - U.S. Follow-Form Occurrence - Claims-Made Declarations. pdf



ALLIED WORLD NATIONAL ASSURANCE COMPANY

225 Franklin Street, Boston, MA 02110 • Tel. (857) 288-6000 • Fax (617) 556-8060

FOLLOWING FORM EXCESS LIABILITY INSURANCE POLICY

Policy No: **[Insert policy number]** New/Renewal of: **[Insert policy number or "new"]**
IN RETURN FOR PAYMENT OF THE MINIMUM AND ADVANCE PREMIUM STATED IN ITEM 7. (a) BELOW, IN RELIANCE UPON THE STATEMENTS IN THE DECLARATIONS BELOW, AND SUBJECT TO THE LIMITS OF INSURANCE, EXCLUSIONS, CONDITIONS AND OTHER TERMS OF THIS **POLICY**; THE **COMPANY** AGREES WITH THE NAMED **INSURED** DESIGNATED IN ITEM 1. (a) BELOW TO PROVIDE THE INSURANCE AS STATED IN THIS **POLICY**.

DECLARATIONS

- ITEM 1. (a) **NAMED INSURED:**
(b) **ADDRESS:**
- ITEM 2. **POLICY PERIOD:** From: **[Month DD, YYYY]** To: **[Month DD, YYYY]**
[12:01 A.M. standard time at the address stated in Item 1. (b) above]
- ITEM 3. **RETROACTIVE DATE:** **[Month DD, YYYY, or if no retroactive date applies, insert:]** Not Applicable
- ITEM 4. **LIMITS OF THIS INSURANCE:**
 - (a) US\$ Each Occurrence Limit
 - (b) US\$ Products-Completed Operations Aggregate Limit
 - (c) US\$ Other Aggregate Limit (where applicable)
- ITEM 5. **LIMITS OF UNDERLYING EXCESS INSURANCE:**
 - US\$ Each Occurrence Limit
 - US\$ Products-Completed Operations Aggregate Limit
 - US\$ Other Aggregate Limit (where applicable)
- ITEM 6. **FOLLOWED POLICY:**
 - Company:
 - Policy Number:
 - Coverage:
 - Policy Period: From: **[Month DD, YYYY]** To: **[Month DD, YYYY]**
 - Limits of Liability:
 - US\$ Each Occurrence Limit
 - US\$ Products-Completed Operations Aggregate Limit
 - US\$ Other Aggregate Limit (where applicable)
- ITEM 7. (a) **MINIMUM AND ADVANCE PREMIUM:** US\$
(b) **MINIMUM EARNED PREMIUM:** US\$

ITEM 8. NOTICES TO THE **COMPANY**:

- (a) All notices of occurrence, claim, suit, or proceeding:
- (b) All other notices:

Claim Department
Underwriting Department
Both (a) and (b) above at the address shown at the top of the Declarations.

- ITEM 9. (a) Representative of **Insured**:
(b) Address:

Date of Issuance:

In Witness Whereof, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the Insurer.



President



Asst. Secretary

AUTHORIZED REPRESENTATIVE

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